

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017118

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

228

Primary Registration District No.

3054

Registrar's No.

55

FILED APR 18 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Louisiana</b>		c. CITY OR TOWN <b>Louisiana</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Residence</b>		d. STREET ADDRESS <b>301 N. Main St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Dona</b> Middle <b>Lee</b> Last <b>Pitney</b>		4. DATE OF DEATH Month <b>Apr.</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-9-1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
13a. FATHER'S NAME <b>Nimrod Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen O'Brien</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mr. Victor M. Pitney, Louisiana</b>		14. NAME OF HUSBAND OR WIFE <b>Victor M. Pitney</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
DUE TO (b) <b>Arrhythmia Fibrillation</b>		<b>1 1/2 hr.</b>	
DUE TO (c) <b>Ac. Coronary Occlusion</b>		<b>6 wks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension, week prior to Ac. Coronary</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Louisiana</b> COUNTY <b>[REDACTED]</b> STATE <b>[REDACTED]</b>	
21. I attended the deceased from <b>1962</b> to <b>4/12/63</b> and last saw her alive on <b>4/12/63</b> Death occurred at <b>6:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>[Signature]</b>		22b. ADDRESS <b>Louisiana</b>	
22c. DATE SIGNED <b>4/13/63</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-15-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Louisiana, Missouri</b>		23e. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	
24. FUNERAL DIRECTOR <b>Geo. M. Collier, Louisiana, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-13-63</b>	

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.